Circle One: Tuesdays (Middle School) Thursdays (Elementary)

Northampton Recreation Department 2010 Ski & Snowboard After School Program

The Northampton Recreation Department conducts a number of youth ski programs throughout the ski season. On all youth ski programs, chaperones will be present to help insure a safe and positive ski experience.

All participants regardless of age are expected to conduct themselves in a proper manner. Students should obey all rules set by either the Recreation Department designee, transportation company or ski area. Those who disrupt the enjoyment and/or the safety of others will have their privileges and or future program eligibility revoked.

Damaged, lost, or stolen equipment and/or personal articles are not the responsibility of the Recreation Department or the City of Northampton. Care of all rentals secured by the Recreation Department or its designee are the responsibility of the user. Users will be billed for damaged, lost, or stolen rental equipment.

Please understand that skiing is an activity that allows for great freedom, expression, and continued challenges. However, with freedom there are risks. Inherent risks are part of alpine skiing. Changing conditions, other skiers, natural and manmade objects are part of the challenges, but collision with them can cause serious injury or death. Please abide by the skier's responsibility code to help make this trip a safe one for you and your fellow skiers. Manage your personal risk by skiing on marked trails that are for your ability and experience.

	CONSE	NT FORM		
I/we	have read the information regarding the 2010 youth ski programs sponsored			
by the Northampton Recreation				
this activity. I/ we hereby grant				
to Berkshire East (ski area) on s	cheduled trip days.	My son/daughter is full	v aware of the conditions	and
responsibilities placed upon the		,	,	
I/we hereby waive and release the		oton, Recreation Depar	ment, its sponsors, and or	
designee from responsibility of			, 1	
8 9	j. j(.) g	1 . 8		
Skier Signature	 Date	Parent signature		ate
Shier Signature	Dute	Tarent signature	2.	
Skier's Schools Name				
FMFI	CENCV MED	ICAL RELEASE	FORM	
12141121	AGENCI MED	ICAL KELEASE	FORM	
In the event that I/we cannot be	reached in case of a	mergency I /we sutho	tize any and all medical an	dlor
surgical treatments which are de				u/OI
child				the
hospital care until his/her physic				
medical attention, ambulance tra				
can be reached and alternate tra				
NOT transport an injured child.		i. Normanipion Recrea	ion starr, and remed busse	S WIII
I/We have read and understand				
i/we have read and understand	me above.			
Print Name	Signature		Date	
Emergency Phone Number		Name		
		D.P. M. I		
Insurance Company		Policy Number		